

2207

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH		
1. County	Graham		State Index - - - - No.	65	
District	Safford		County Registrar's - - No.		
Town or City	Safford		Local Registrar's - - No.	80	
2. FULL NAME			No. (If death occurred in a hospital or institution, give its NAME instead of street number).		
Mrs. Wendolyn Williams Salsbery			St. Ward		
(a) Residence. No. For Angeles, Calif.			(If non-resident, give city or town and State)		
Length of residence in city or town where death occurred			yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
Female	White	married			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of H. P. Salsbery					
6. DATE OF BIRTH (month, day and year) Sept. 21, 1885					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
47			14		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work none					
(b) General nature of industry, business or establishment which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) Orust					
(State or country) Peru					
10. NAME OF FATHER John R. Williams					
11. BIRTHPLACE OF FATHER (State or country) South Wales S. P.					
12. MAIDEN NAME OF MOTHER Mary Jenkins					
13. BIRTHPLACE OF MOTHER (State or country) South Wales S. P.					
14. Informant (Address) O. Williams					
15. Filed Nov-8/32 J. N. Statton					
V. S. No. 1					
19			Local Registrar.		
County Registrar.			County Registrar.		
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) Oct 4 1932					
17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1932 to Oct 3 1932					
that I last saw her alive on 3rd of Oct 1932					
and that death occurred, on the date stated above, at 6 A. M.					
The CAUSE OF DEATH* was as follows:					
acute pyelitis & Hydronephrosis					
(duration) yrs. mos. ds.					
CONTRIBUTOR (Secondary)					
(duration) yrs. mos. ds.					
18. Where was disease contracted if not at place of death?					
No operation preceded death? Date of					
Was there an autopsy?					
What test confirmed diagnosis?					
(Signed) J. W. Butler M. D.					
007-5 1932 (Address) Safford					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL			DATE OF BURIAL		
Safford, Ariz.			Oct 6 1932		
20. UNDERTAKER			ADDRESS		
H. C. Rawson			Safford		